



ALPHONSE DUPERRON  
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MTL, QC, Canada  
H1Y 2E7  
APPL NO: 10 718,296

July 3, 2006

IFW

COMMISION FOR PATENTS  
c/o Paul Shanoski  
Office of Petitions  
P.O. BOX 1450  
Alexandria, Virginia 22313-1450

**Subject: Document Corrections**

Following your letter, I have completed the requested corrections to my documents. Thank you very much for allotting me with a two-month extension. I am very sorry for any inconvenience these errors as well as the mistake in my postal code may have caused. You will find a \$250.00 money order included herein for the small entity two-month extension.

Sincerely,

Alphonse Duperron

Refund Ref: 03/06/2007 CKHLOK 0000158531

CHECK Refund Total: \$250.00

08/01/2006 RFEKADU1 00000005 10718296

01 FC:2252 225.00 0P  
02 FC:9998 25.00 0P

Adjustment Date: 08/06/2007 CKHLOK  
08/01/2006 RFEKADU1 00000005 10718296  
01 FC:2252 -225.00 0P  
02 FC:9998 -25.00 0P

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>07/24/07</u>		2 Serial/Patent # <u>10718296</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	<u>None</u>	<u>7-31-06</u>	<u>\$ 250.00</u>
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>250.00</u>	
8 TO BE REFUNDED BY:				
<input checked="" type="checkbox"/>	Treasury Check			
<input type="checkbox"/>	Credit Deposit A/C #:			
<input checked="" type="checkbox"/>	9 <u>500-00-0000-0000</u>			
10 REASON:				
<input type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
Extension of time was not necessary.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Paul Shanoski</u>		TITLE: <u>Senior Attorney</u>		
SIGNATURE: <u>Paul Shanoski</u>		PHONE: <u>571-272-3225</u>		
OFFICE: <u>Office of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>OK</u>		DATE: <u>8/6/07</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B